

228673

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC

☐ CLEC

☐ ILEC

☐ Wireless

2011-294

**CERTIFICATED COMPANY INFORMATION**

LMK COMMUNICATIONS LLC

Company Name

CLARITY COMMUNICATIONS GROUP, INC.

919-270-9833

Db/a/fka

Telephone #

9650 STRICKLAND RD STUIE 103-143

Mailing Address

RALEIGH, NC 27615

City, State, Zip Code

9209 BAILEYWICK RD SUITE 203

Business Location

RALEIGH, NC 27615

WAKE

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent: CT CORPORATION

Mailing Address: 2 OFFICE PARK CT #103

City, State, Zip Code: COLUMBIA, SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. JENNIFER MENGE

**General Manager** (Include address if different than above.)

919-270-9833

800-830-5093

JENNIFER@NETWORKCLARITY.COM

Telephone Number

Facsimile Number

E-mail Address

B. SAME AS A.

**Customer Relations /Complaints Representative** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C1. SAME AS A.

**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

C2. JENNIFER MENGE 800-852-2597 X101

**Customer Contact (Toll Free Number)**

D. CARL MILLER

**Engineering Operations** (Include address if different than above.)

919-841-4212

919-841-4535

CARL@NETWORKCLARITY.COM

Telephone Number

Facsimile Number

E-mail Address

E. SAME AS D.

**Test and Repair** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

F. CARL MILLER  
**Emergencies** (During non-office hours)  
877-925-2748 / 919-841-4535 / CARL@NETWORKCLARITY.COM  
Telephone Number Facsimile Number E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. SAME AS A.  
**Regulatory Officer** (Include address if different than above.)  
Telephone Number / Facsimile Number / E-mail Address

H. SAME AS A.  
**Dual Party Mailings** (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

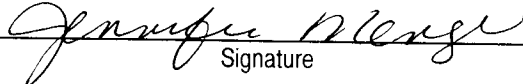
I. SAME AS A.  
**Interim LEC Fund Mailings** (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

J. SAME AS A.  
**Universal Service Fund Mailings** (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

K. SAME AS A.  
**Gross Receipts Mailings** (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

L. SAME AS A.  
**Lifeline Mailings** (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

JENNIFER MENGE  
This form was completed by (print name)  
ASSISTANT SECRETARY & ASSISTANT TREASURER  
Title

  
Signature  
3/16/11  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/2010)